BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A FOLLOW-UP STUDY OF TWENTY CASES REFERRED TO THE DIVISION OF VOCATIONAL REHABILITATION FROM BOSTON CITY HOSPITAL DURING 1946 AND 1947

A Thesis

Submitted by

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PREFACE

At the outset of this study the author wishes to acknowledge the help received from the Boston City Hospital Social Service Department. The writer also wishes to thank Mr. Edward D. Callihan, of the Division of Vocational Rehabilitation, for his cooperation and help in securing the material from that source.

CHAPTER I

INTRODUCTION

The subject of rehabilitation is a vast one, and the individual who would attempt to deal with it as a whole would find himself defeated before even beginning. It is vast in that the term rehabilitation is an all inclusive one dealing with a variety of programs and activities and diversified groups of individuals who have different types of handicaps.

This study in rehabilitation must, therefore, be a limited one. It is limited to one agency, the Division of Vocational Rehabilitation, and its program of rehabilitating the handicapped people. It is also limited to one referring agency, the Boston City Hospital.

This study first gives a brief sketch of the referring agency. Then a study of the rehabilitating agency is given and the methods it uses in helping handicapped people. Next is a presentation of twenty cases as seen by both the referring agency and by the Division of Vocational Rehabilitation. All these individuals needed work or training that would enable them to become more adequate, self-sufficient members of their community.

The first topic under discussion concerns the original problems of the clients and the services needed in order to help them to function as normal people and give them a more adequate participation in community life. The study then

proceeds to outline the cases as seen at the hospital with particular attention being paid to the disease or illness that had incapacitated the people in question, and the age and occupation before the onset of the illness.

This thesis then continues with these cases as seen by the Division of Vocational Rehabilitation with a continuation of the case presentations. The reasons are given for those cases that are not accepted and those that are accepted are followed through with training experience, and work placement up to the present time. It is limited, here, too as some of the clients have not yet been placed, but it is known that they are being followed and will be helped if possible.

In order to use the information at the Division of Vocational Rehabilitation, the author had to have permission of the people involved. A letter was sent to each of the twenty people in this study and fifteen gave their permission. The information on the other five was obtained either from the hospital records or from the person individually.

As the worker could not have access to files of the Division of Vocational Rehabilitation, a questionnaire was given them to acquire the necessary information.

The two forms will be found in the appendix.

Finally, this study is limited in time. The twenty cases are the total number of referrals for a two year

period, 1946-1947, from the Boston City Hospital. This was done because the hospital refers many people and a time limitation had to be put on the study. It was also felt that the people who had been referred during the above period would have progressed sufficiently in rehabilitation to show some results.

The writter took the cases from the files of the Boston City Hospital and this accounts for the fact that they all needed rehabilitation due to physical handicaps. The fact that all the people are men does not have any bearing on the study as this was accidental.

The last part of this study is devoted to various conclusions drawn from the survey along with a few recommendations to facilitate better referrals in the future.

CHAPTER II

THE BOSTON CITY HOSPITAL, SOCIAL SERVICE DEPARTMENT

The social service department of the Boston City Hospital is part of a team to bring about the social as well as the physical restoration of the patients. Its chief aim is to make sure, as far as possible, that the medical treatment advised by the physician can be carried out by the patient or his family when social and environmental conditions make this seem difficult or impossible; and to assist in a program of prevention of additional hospitalization.

With a knowledge of the social implications of disease, the medical social worker tries to alter the unfavorable conditions affecting the medical outcome and, when possible, to supplement medical care with social treatment. In this effort, she works jointly with the physician in an attempt to return the patient to his normal environment benefitted by his hospital experience in as large a measure as possible.

The social service department handles only social complications where the medical social need constitutes the under-lying difficulty. The department does not duplicate the work of other social agencies, although it constantly works with them for the benefit of patients.

The problems coming to the attention of the social service department are as varied as the individuals served. Many people have the idea that economic stress is the only

complicating factor in illness. This is far from true. There are many other complications which would render medical recommendations futile but which have little bearing on the finances of the patient. Language difficulties, discouragement, serious illness within the family, broken homes, medical neglect, discord and constant personal maladjustments are frequently encountered.

The line of treatment is as varied as the problems presented. It may take the form of providing necessary and specialized convalescence for post-operative cases, or the adapting of regime to the limitations and handicaps of the patient with heart disease. It may involve supervising and making financially possible a special diet for the gastric ulcer case, so common these days, or for the diabetic patient. Many expensive readmissions to the hospital are prevented because prescribed treatment has been made possible in the community.[1]

The department consists of three sections, all controlled and supervised by the head of the department. Social admitting was instituted to admit all new patients to the Out-Patient Department and steer and give medical-social interpretation to all medical referrals to the hospital by the Overseers of the Public Welfare. All of the clinics in the

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1 Report, Department of Medical Social Work, Boston City Hospital 1936-1937.

hospital are covered by social workers who do both interpretive and case work with the patients needing their services. The wards and services in the hospital proper are covered by the social service department too. Referrals are made by the doctor when he feels that the social background makes it immpossible for the patient to carry on treatment to the advantage of his medical needs. The worker may see the patient only on the ward or she may carry on long after the patient has left the hospital. It all depends upon the needs of the particular person she is trying to help.

Finally, the social service department works with the doctors to facilitate the institution of proper treatment for the patient so that he may go back into the community in a little better condition than he left it.

CHAPTER III

THE DIVISION OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation, the State Department of Education, was first set up by an Act of the Legislature approved by the Governor, May 25, 1921, and effective August 25, 1921; in which the Commonwealth of Massachusetts accepted the provisions of an act of Congress, adopted June 2, 1920, to promote vocational rehabilitation of persons disabled in industry and otherwise, and their return to civil employment. For this purpose, the Commissioner and Advisory Board of Education are constituted and designated as the State Board of Vocational Education and directed to cooperate with the Office of Vocational Rehabilitation, Federal Security Agency, and to establish and maintain or to assist in establishing and maintaining such courses as it may deem advisable and necessary. The work is carried on directly by the Division of Vocational Rehabilitation of the State Department of Education.

In July, 1943, Public Law 113, (78th Congress), amended the original Act establishing vocational rehabilitation to provide an expansion of the service and to include, in cases of financial need, corrective surgical or other medical services, with necessary hospitalization, which in no case is to exceed ninety days. This service is available as an adjunct to a full rehabilitation program when treatment is

considered necessary to correct or modify a static physical condition which is clearly a substantial handicap to employment but is of such a nature that correction or modification will eliminate or reduce such handicap, and thus render the individual fit for employment.

Vocational Rehabilitation offers training free of charge to those who may take advantage of it and affords the handicapped person the opportunity to re-establish himself and become an independent, self-supporting and worthy citizen. Vocational rehabilitation involves no charity, as it is, in a sense, an extension of the public school system to give the handicapped civilians of the State an opportunity to re-establish themselves.

The services of Rehabilitation Division are available for any resident of Massachusetts of legal employable age, either male or female, who has a physical or a mental disability which is a vocational handicap and who reasonably may be expected to be fitted for remunerative employment. The physical disability may be the result of an industrial accident, a public accident such as an automobile or a railroad accident, or it may be the result of a disease or defect existing from birth. The disabled person must be of an age at which he may be legally employed, sixteen years or over in most cases, and it must be reasonable to expect that after rehabilitation he will be able to engage in suitable

occupations. The following persons are held by the Division of Vocational Rehabilitation as not being eligible for service: aged or helpless persons requiring permanent or custodial care; persons deemed not susceptible of rehabilitation; persons confined in correctional or penal institutions; persons under the age of fourteen, and, in some instances, sixteen years.

The counsellers at the Division study each handicapped person as an individual and attempt to draw up a rehabilitation program that will meet his special needs. One of the important steps is the selection of a suitable occupation for the future. The selection depends upon many factors: among them the nature and degree of the handicapped person's disability, education, natural appitudes, and preferences, previous industrial experience, as well as the opportunity for employment in the chosen line of work. The Rehabilitation Division helps the handicapped person to give the proper consideration to all related factors, and thus to choose an occupation in which he may expect to be successful. After a preliminary discussion of the employment objective, arrangements are made for a general medical examination, and a report on the extent of the applicant's disability. These reports are reviewed by the medical consultant who determines if any physical restoration is indicated. The Rehabilitation Division then provides whatever training is necessary to

prepare the person for the special occupation which has been selected. The plan of training is designed not only to fit the person for useful employment, but also to meet the requirements of a specific trade or vocation. Finally the handicapped person must be placed at the work for which he has demonstrated on the job that he can satisfactorily perform the duties required.

In order to accomplish these ends, the Division uses any one, or a combination, of the following types of training. Institutional type, which offers an opportunity to enter upon a suitable course of training in collegiate, trade, technical, agricultural, or commercial schools, either day or night. Employment training, which is often called on-the-job training because the training is under the supervision of a cooperative employer with whom the Rehabilitation Division has arranged an approved program. Correspondence training is used occasionally during convalescent care and in preparation for more intensive vocational training. Last of all, tutorial training is given in cases where the handicapped person cannot readily reach other training agencies.

The Division of Vocational Rehabilitation offers many types of training. It does not have the facilities for this training but uses the facilities provided by other schools and institutions in Boston and reimburses them for this. Being a division of the Department of Education it can use

the schools of Massachusetts for the types of schooling and training they afford. They have contacts with various industries where they can place clients as on-the-job trainees. When these people complete their training they are sometimes hired right in the place where they have been trained. If this does not happen, the division tries to place the client in another job. The client is paid a small sum by the division if he is not able to manage to stay in training any other way.

Application for vocational rehabilitation for persons eligible should be made to any of the offices of the Rehabilitation Division as soon as possible after the onset of the disability. Application may be made in person or by mail, by the handicapped person himself, or in his behalf by a physician, hospital, social worker, employer, insurance company, fraternal organization, friend, or relative, or by any interested citizen or agency. These district offices are strategically situated throughout the Commonwealth with the main office in the State Educational building in Boston.

The Division of Vocational Rehabilitation was also granted permission by Chapter 74, Section 2 B, General Laws (Ter. Ed.) to furnish aid for maintenance during rehabilitation. The rules and regulations for the administration of the maintenance fund have been approved by the Governor and Council as required by the Act. When the Rehabilitation

Division is satisfied as to the need of the rehabilitation aid, it will determine upon the amount of the payments to be made and the duration of the period they shall continue.

CHAPTER IV

GENERAL ATTITUDE TOWARD THE HANDICAPPED

From the beginning of time man has been subject to the disabling effects of accident, mental and physical disease.[1] The normal state of being was and is to be physically fit. In ancient days of Greece, Spartans took their physically disabled offspring to some lonely mountain or secluded forest and left them there to care for themselves or die. All know only too well the picture of the blind man standing beside the road begging. The cripple was looked upon as a freak of nature, as though bewitched and to be kept away from. In the middle ages the attitude was little changed. The Church began to spread the idea of charity, thus providing the physically handicapped individual with certain amounts of subsistence.

The Elizabethan Poor Law of 1601 was another step in the direction of humanitarian treatment of the handicapped individual. Although this Poor Law set up almshouses and provided outdoor relief for paupers and those who had been set adrift by the breaking up of the feudal system, the physically handicapped and mentally incapacitated individuals often found their ways into those institutions.

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1 Vocational Rehabilitation of the Physically Handicapped Educational Bulletin. Number 190, p. 1.

The French Revolution came with a new spirit of humanitarianism. Pinel, in France, unchained the mentally ill in the Bicetre and began to treat them like human beings. The physically disabled were no longer looked upon as freaks of nature and became a little more acceptable although they were still considered "unfortunate".

The science of the nineteenth century was the beginning of a new era. It was a new era in that men began to ask: "What is the cause of the disease and what can be done to cure it?" Although there was this progress in science, the social attitude remained essentially the same. The almshouses that provided shelter for paupers, vagrants, criminals, insane, and diseased also permitted the handicapped individual to enter. A few philanthropic, far-sighted men in Boston, such as Horace Mann and Samuel Gridley Howe, began to educate the deaf and the blind. Their ardent efforts began to dislodge the prevalent attitude that these two groups of handicapped individuals were hopeless and should be given nothing but sympathy and charitable sustenance. These two men, and others like them, by their work showed that handicapped people were worthy of the consideration given normal human beings who were physically fit. They proved that the silence of the deaf and the darkness of the blind could be penetrated. What is more, these people living in silence and darkness responded to what was being offered them in the way of

interest, understanding, and kindness. These men proved to an unbelieving public that the people whom they were working with and educating could become useful citizens if given the opportunity.

The lot of the physically handicapped individual is a far different one today. Gone is a large part of the pity that once prevailed. Gone is the attitude of hopelessness that nothing can be done for the handicapped individual. No longer is he a marked man simply because he uses a crutch or has been unable to adjust to his family group. Something can be done and is being done. The money that was once given the handicapped individual for sustenance has been converted into tools which are making it possible for this same individual to help himself. He need no longer be a parasite.

This idea of self-help was first born in the minds of such men as Samuel Gridley Howe and Harace Mann and was later taken up by private agencies, among them the Cooperative Workrooms. The trail blazed by the private agencies was then followed by the federal government when rehabilitation was set up on a nation-wide basis. One of the important reasons for the widespread development of a constructive rehabilitation program was the alarming growth of the problem. This was due, in part, to the great expansion in methods of

transportation with constant disabling accidents.[2] Nor was this problem in any way solved by the ensuing safety movement. Meanwhile industry was rapidly developing too. In 1911, therefore, a series of state acts were passed compensating the disabled worker for injuries sustained while at his job.[3] This was soon shown not to be enough. Workers remained disabled and helpless in spite of their money benefits. In spite of them, the worker was unable to fit himself for employment again because his disability prevented it. Nor were these individuals who were unable to pursue their customary forms of employment in a position to adjust themselves to new vocations. The states were not equipped to offer any form of rehabilitation. This type of service was carried on by a few small, scattered, private agencies, which were unable to perform the task on a wholesale scale. It was clearly seen that money benefits alone were not enough and that the interest of the community would be advanced if a more constructive program of assistance were put into operation.

In 1920, therefore, in response to public demand, Congress passed an act providing for the rehabilitation of individuals injured or disabled in industry.[4] This act provided for the

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2 Vocational Rehabilitation of the Physically Handicapped Educational Bulletin. Number 190, p. 5.

3 Ibid.

4 Ibid.

"vocational rehabilitation of all persons who are vocationally handicapped by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, and who are, or may be expected to be, totally or partially incapacitated for remunerative occupation".[5] So was begun the rehabilitation program which pioneering private agencies had carried on for more than a half century before. On August 14, 1935, when the Social Security Act became effective, the appropriations for this work were increased and the national government established itself permanently in the work of vocational rehabilitation.

DEFINITIONS: The dictionary defines rehabilitation as "restoration to a former state, capacity, rank, privilege". This indicates that there are numerous forms of rehabilitation. The physically disabled, the mentally ill, and the individual with a maladjusted personality or unacceptable pattern of behavior may, through education and training, regain his former more normal status.

Although there are numerous definitions of rehabilitation and vocational rehabilitation, none of which are alike in wording, the aim expressed in all of them is essentially the same. John Kratz, in the Social Work Year Book of 1943, offers his definition of rehabilitation as being "the

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5 Ibid.

restoration of a disabled person to maximum economic and social usefulness".[6] He states further that the "guiding principle in rehabilition service is to fit disabled persons for occupations at which they can compete with normal people and earn the same wages".[7] Whether applied to the individual who is physically incapacitated or the one who has a warped personality and cannot function in his immediate environment, the aim of vocational rehabilitation is to restore such an individual to a state of self-sufficiency so that he may take his place socially and economically along with other members of his community.

Vocational rehabilitation applies to a specific group of people--the handicapped--physically, socially, or mentally. The Vocational Rehabilitation Act of 1920 describes the handicapped as "any person, who, by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, is, or may be expected to be, totally or partially incapacitated for renumerative occupation; this term shall be construed to mean the rendering of a person disabled fit to engage in a renumerative occupation".

Another definition of "handicapped" is offered by Col. John N. Smith Jr., director of the Institute for the Crippled

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6 John Kratz: Social Work Yr. Book, 1943.

7 Ibid.

and Disabled, New York. He states that: "A socially handicapped person is understood to be an individual of normal physical and mental capacity who is out of alignment with society in his community and who, therefore, is unable, either temporarily or permanently to share on an equal basis in the community's normal activities."[8]

In short, the "handicapped" individual is limited in one way or another. He does not function well socially. Somehow, he has a painful sense of being different and inferior. He wants to be understood, accepted, to be self-supporting and self-sufficient.

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8 Col. John Smith Jr. Current Legislation Affecting Sheltered Workshops, p. 9.

CHAPTER V

ORIGINAL PROBLEMS, SERVICES NEEDED, AND REASON FOR REFERRAL

The Boston City Hospital, Social Service Department has many referrals from the doctors, for rehabilitation of patients who have become handicapped. These patients, either through medical illness or surgery, are no longer equipped to do the work they had previously done. The Social Service Department tries to find out what the needs of the patient are and tries to refer him to the proper agency. As there are so many patients needing rehabilitation, of one kind or another and a variety of outside agencies is used, it was decided that a follow-up study be made of only one agency, the Division of Vocational Rehabilitation. The twenty cases presented are all taken from a two year period, 1946-1947, and were referred for rehabilitation to that agency.

These twenty cases represent a variety of rehabilitation problems all of a physical nature however. In order to gain a little insight into the cases being discussed in this thesis, and to see the problems presented to the Division of Vocational Rehabilitation, the following is a brief summary of the cases as they were seen by the workers at the hospital.

1. A.J. is a sixty four year old married man who had been in the hospital because of a mid-calf amputation and arteriosclerotic heart disease. He had been a machinist but because of his diagnosis could not return to his former occupation. He was living at home with his wife and daughter who was the main support of the

family. He seemed to have a good understanding of his situation and wanted to be referred to rehabilitation.

2. C.W. is a fifty nine year old widower who had a mid-thigh amputation of the right leg. He is a veteran of World War I but could not be referred to either Soldier's Home or Veterans Hospital because they were both overcrowded. He had a married sister but she could not help him. He was referred to rehabilitation for a prosthesis.

3. S.C. is a fifty one year old widower who had an old mid-thigh amputation of the left leg with a fracture of the right leg that didn't heal properly. He had to wear a brace on the right leg. It was thought that he could be self-supporting if he could get some work to do at home, and he seemed interested in finding a job he could do.

4. F.F. is a fifteen year old boy who had a diagnosis of rheumatic heart disease. His parents are dead and he lives with a sister and brother who show little or no interest in the boy. While he was going to the follow-up clinic, the worker helped him gain an interest in learning a trade as he was not equipped to do any sort of work.

5. S.L. is a fourty year old married man who had a diagnosis of acute myocardial infarction and atrophy of muscles of the left leg, secondary to poliomyelitis. He was a house painter before his illness and the doctor suggested something less strenuous. He had a good understanding of his limitation and wanted to be helped in securing a job commensurate with his handicap.

6. T.M. is a fifty seven year old married man with a diagnosis of diabetes mellitus and a mild hypertensive coronary disease. He had been self employed before the shortage of food made it necessary for him to close his store. He was referred to rehabilitation for work.

7. M.J. is a sixty two year old widower with a diagnosis of coronary thrombosis. He was previously occupied as a machinist and was used to high wages. It took quite a while for him to adjust to his physical limitations. After he was able to accept this, he was able

to get unemployment compensation and showed an interest in learning a new trade that he could handle.

8. D.T. is a fourty two year old single man who has a diagnosis of rheumatic heart disease. He lives with his sister who is a clerk in a department store. He was formerly employed as a fisherman but the doctor considered this to be too strenuous because of his physical condition. He was not trained to do any other type of work and rehabilitation was suggested.

9. B.R. is a thirty three year old single man with a diagnosis of duodinal ulcers and chronic abcess of right buttock. He had been a seaman but due to the need of regular treatment it was felt that he should obtain work around Boston.

10. R.J. is a thirty-two year old man who was separated from his wife. He has a diagnosis of rhumatic heart disease which would necessitate a certain type of employment. His past work history had been very irregular and he used all sorts of physical ailments as an excuse to leave his jobs. He was a high school graduate and it was felt that he could be rehabilitated.

11. M.L. is a twenty six year old married man with a diagnosis of chronic rheumatic heart disease. He had been a truck driver but could no longer do this strenuous work. The worker decided to refer him to rehabilitation even though it was doubtful that he would carry through with the plan. He did not want to lower his standard of living while in training although it would beneficial in the end.

12. P.W. is an eighteen year old boy with a diagnosis of diabetes which is fairly well controlled. He had never been employed before and had no trade. He expressed a desire to learn one and the possibility of rehabilitation was talked over with the worker.

13. W.W. is a fourty seven year old widower who had had a vagotomy for ulcers. His previous occupation was as a boxmaker but he was unable to get work at this trade. The worry about not working aggravated his ulcers and the doctor felt he should be given some assistance in securing a job. The patient showed a great deal of resistance and did not show up for clinic appointments. Due to this attitude the worker felt quite hesitant in referring him to rehabilitation.

14. S.W. is a fourty nine year old single man with a diagnosis of mid-tibial amputation. He was previously occupied in the building and wrecking trade but due to his amputation could no longer continue in this work. As he was without funds he could not buy a prosthesis. The worker felt that he was not too cooperative or intelligent, but he expressed a desire to be referred to rehabilitation.

15. J.M. is a seventy year old widower who had a diagnosis of a supracondylar and intercondylar fracture of the right femur which had to be amputated. He was a porter and would be able to return to this work if a prosthesis could be secured. It was suggested that he be referred to rehabilitation.

16. C.J. is a fourty three year old widower with a diagnosis of Addison's disease. The doctor felt he could do any light, non-strenuous work. He was employed as a laborer before this. He had two children but they could not support him. This man had a language difficulty and little or no education but he seemed very interested in securing employment.

17. B.M. is an eighteen year old boy with a diagnosis of middle ear deafness. He was sheltered by his mother and never was given the opportunity of learning a trade. His father was dead and his mother had been receiving Aid to Dependent Children until he became eighteen. The patient at this time felt there was a need for him to go to work and spoke to worker at the clinic about this. He showed interest in rehabilitation and it was decided that he should be referred.

18. V.R. is a fourty five year old married man with a diagnosis of supracondylar amputation of the lower left leg. He had been a janitor, printer and cook before his illness. He did not have the funds to buy a prosthesis and it was suggested that he be referred to rehabilitation as he was employable.

19. M.J. is a nineteen year old boy with a diagnosis of diabetes mellitis. He lives at home where his mother is suffering from toxic hyperthyroidism. The boy had been clerking in a drug store but had given this up when he became ill. He did not keep to his diet and showed a great deal of hostility toward worker's suggestion that she talk to his mother. When he started to regulate his diet he became more

interested in being helped and wanted to be referred to rehabilitation.

20. T.H. is a fourty year old married man with a diagnosis of myocardial infarction. He was an interstate truck driver before his illness but since he learned of his heart condition he has been fearful of any kind of work. Worker tried to explain his illness to him and build up enough confidence in him so that he could be transferred to rehabilitation with some assurance that he would keep an appointment.

ORIGINAL PROBLEMS: The twenty cases under consideration, in this study, present a variety of problems. All have undergone experiences which have been difficult to face and which require readjustment of the personality or readjustment to a new situation. An adult normally has a great number of interests beyond his personal self-interest, in friends, family, work, community affairs, national problems--in other words, much of his emotional force and intellectual interest is directed outward. With the appearance of illness there occurs a common happening. Illness is a threat to the security of the person and may provoke anxiety to varying degrees. The nature of this anxiety depends upon the person's readiness for it and the acuteness, intensity, and duration of the illness.[1] Because of his illness the person is less able to meet the demands of his environment. He becomes more dependent and, being more dependent, he needs more help. Many of the twenty cases presented have under-gone

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1 Teaching Therapeutic Medicine P. 227.

surgery before their application for training. Some recovered with minimum damage to the personality, while others regressed during their illness. All of the people had to face limitations. Sickness had, in one way or another, isolated these people and set them apart from their fellow man.[2]

The gap was even wider in the cases of outward deformity or disfigurement. These people have to overcome the feeling of looking different from the so called "normal" as well as readjusting their ways of living. This does not mean that the people who had not undergone surgery did not have readjustments to make, but they did not have to combat the added problem of a "different" external appearance. They have all gone through varying states of anxiety, hostility, and resentment because they cannot live the lives that they are used to living. They all want the earning capacity which training will bring, but they also want the restoration of their self-respect, and what is more, they wish to regain their place in their communities again. The one thing that brings this whole group together is that they all need help in rehabilitating due to a physical limitation.

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2 H.W. Bartlett Some Aspects of Social Casework in a Medical Setting P. 135.

TABLE I

TYPES OF DISEASE OR ILLNESS

Type	Number
Rheumatic heart disease	4
Myocardial infarction	1
Coronary thrombosis	1
Diabetes mellitus	1
Duodenal ulcer	2
Addison's disease	1
Middle ear deafness	1
Amputation of leg	5
Ulcers and abcess of right buttock	1
Diabetes and hypertensive coronary disease	1
Myocardial infarction and atrophy of muscles of leg	1
Arteriosceratic heart disease and amputation of leg	1
Total	20

Table I shows that sixteen of the twenty people have one illness but that four have two physical handicaps to contend with in the problem of rehabilitation. Fourteen of the cases represented medical diseases that could not be cured but could be controlled with proper treatment and limitations on the part of the people involved. There are six that had undergone surgery and could no longer get along in a manner commensurate with their former life and occupation. Several of these diseases could have been classified under the heading of heart disease but all of them have been brought about by different causes and needed different treatment so they have been listed separately.

SERVICES NEEDED: The twenty cases all needed help in securing either work or training which would be in accord with their new physical limitations. All of them, therefore, needed to be referred for rehabilitation. Six of these men wanted help in securing a prosthesis as they could not be expected to get a position if they did not have a leg to walk on. One of these six men, it was felt by the worker, could go back to his former work if he could get a prosthesis. Another one of the men needed work to do at home as it was felt that he could not go out and compete with other people. Most of the others could compete in a work situation if it complied with their physical limitations. Although most of them had previously been employed and independent, they were now compelled to ask for help. They wished to become eligible for regular employment and become acceptable members of a group. None of these people, however, was in a position to finance his own retraining at this time.

TABLE II

OCCUPATIONS BEFORE ILLNESS

Occupation	Number
Machinist	2
House painter	1
Retail grocer	1
Fisherman	1
Seaman	1
Truck driver	2
Boxmaker	1
Building and wrecking	1
Porter	1
Laborer	3
Janitor	1
Clerk	1
Never employed	3
Employment unknown	1
Total	20

The above table shows the variety of work experience that the twenty people had had before becoming ill. Several of the people had been skilled in trades but the majority of them were unskilled. Two of these skilled persons felt that it was going to be a hard task if they had to lower their standard of living. They were unable to face the reality situation of their physical limitations. There were, also, three people who had never been employed or trained in any type of work. The boy with middle ear deafness had been over-protected by his mother. He had not been allowed to compete with others and would probably present a rehabilitation

problem. Several of these people could go back to their former employment if they could be provided with a prosthesis.

The ages of these people vary greatly and may have a direct bearing on their ability either to learn a trade or to be accepted in a new position. It is much easier for a young person to adjust to a new situation, whereas an older established person will place all kinds of mental blocks in the way of a change as great as this. It is an added threat to his security in the community. The following table shows the age diversity of these people and the possible problem of rehabilitation due to age.

TABLE III

AGE GROUPS OF PATIENTS

Age	Number
70 -- 61	3
60 -- 51	3
50 -- 41	5
40 -- 31	4
30 -- 21	1
20 -- 11	4
Total	20

The above table shows that the largest group falls in the fourty one to fifty year old category. These people are still in the acceptable employment age but one wonders if it will be as easy for these men to accept new positions as it will be for the nine that fall in the lower age groups. There

are six men who are over the fifty one year age group and it will probably prove harder to secure them any gainful employment because of their age and disability. They also have to face the actuality that employers hesitate in employing older people when they can secure younger people to do their work.

All of these people were felt to be rehabilitation material even after considering their ages and physical limitations, and therefore were referred to the Division of Vocational Rehabilitation. They all had a need for gainful employment. Three of them had never worked before nor did they have any training. Even though they had physical limitations, they would have to support themselves in the future. There were nine men who had to support families and were the only means of support. Without gainful employment these families would have to rely on Public Welfare in order to exist. It is hard enough for some people to accept financial assistance for short periods of time, but few like to think of being supported by the other people in the community. The remainder of the men had only themselves to support, but they, too, would become public charges if they could not secure work.

Finally, it is seen that the twenty cases who were referred to the Division of Vocational Rehabilitation were in need of education or re-education. They needed this help because of some physical disability. They found themselves

unable to adjust to their families and communities. They were looked upon as being "different", and as a result, found themselves unaccepted. More specifically, they sought vocational training or rehabilitation. They wished to become eligible for regular employment and accepted again.

CHAPTER VI

THE DISPOSITION OF THE TWENTY REFERRALS BY THE DIVISION OF VOCATIONAL REHABILITATION

As we have seen, the preceding chapter concerned itself with the source of referral of the twenty cases, the particular type of handicaps, and the services that were requested. In short, it was a picture of the client before he was known to the Division of Vocational Rehabilitation. After referral, the clients were interviewed, during which time more information was gained about them, their interests and what they thought about future employment. If the client seemed interested in what the agency had to offer, and if he was considered reasonably capable of doing the work, he was prepared for the work. If the client felt that the agency did not offer what he wanted or the agency felt that the person could not be helped by them, the person was given advice and directions as to where he might be able to find what he sought.

In the following pages the twenty cases, that we have been describing in the preceding chapter, will be followed through rehabilitation or not as the case may be.

1. A.J. was referred to the Division in June of 1947. After interviewing the client they felt, that because of his advanced years and the diagnosis of arteriosclerotic heart disease and an amputation, they could not help him. They did not feel that he could be trained for a new job and therefore would not be a good risk for a new limb.

2. C.W. needed a prosthesis and after an interview the Division felt that it was out of their jurisdiction due to the fact that the man was a veteran and should be helped by a related agency. Through their intervention C.W. was transferred to the Veterans' Administration and received the needed help from them.

3. S.C. was referred in January of 1946. The division felt that the client had not reached an end result medically and therefore they could not accept him. There was the further problem of their not being equipped with any facilities for home work.

4. F.F. was referred in August of 1947 for training in some sort of work that would not be too strenuous for his physical limitation. He said that he wanted to go but failed to keep appointments. After several months went by he found himself a position as a sales-clerk and the Division closed the case.

5. S.L. was transferred to the Division in December 1947. They found that he had completed the twelfth grade in school. He was interested in on-the-job training, so a complete test study was made. He received an I.Q. of 119 on the Wechsler Bellevue Intelligence Test and scored in between the 94 to 99 percentile in the Cooperative English C2 Form T. Through the tests and conferences with the client, it was decided that he would study linotype operating. He is still in an on-the-job status and has been very cooperative in all respects. As the case is still open, no end results can be given.

6. T.M. was referred in May of 1946. They found that he had not worked since 1942 when he had a variety store. This man expressed the desire to work but rejected every type of employment offered to him. The Division felt that they could not help him without his cooperation. They left the case open and told him that they would be glad to see him if he decided on anything they had to offer.

7. M.J. was referred in April of 1946. Before any plans could be made for this man, he was given light work at his former place of employment, so plans for rehabilitation were not executed. The client did not accept rehabilitation but his economic problem was solved inasmuch as he was able to become self supporting again.

8. D.T. was referred in March of 1946. After a physical examination they decided that an end result had not been reached medically. Therefore they could not undertake any program of rehabilitation.

9. B.R. was referred in July of 1947. After several visits to the Division he stopped coming. It was found that he had decided to leave Boston because of some personal trouble. As this seemed like a sensible plan, he was not encouraged to return to rehabilitation.

10. R.J. was referred in April of 1947. He was interviewed but because their budget was exhausted, they could not help him. He was asked to return in July but the client did not return and the case was closed.

11. M.L. was referred in January of 1947. They found that he had only completed the eighth grade although he said in the beginning that he had finished the twelfth grade. He asked to be tested but failed to keep the appointment. The case is still open and in the diagnostic stage due to the lack of cooperation on the part of the client. They feel that there will be a job placement but no training.

12. P.W. was referred to the Division in May of 1946. He kept breaking appointments with them and it was found that his mother wanted support from him rather than training for the future. He was referred several other times by the hospital but finally was left to his own care. He found a job in a shoe factory at twenty five dollars a week and would not consider fifteen dollars while training.

13. W.W. was referred in December of 1947. They found that he had completed the eighth grade in school and was not interested in taking any job training. They found him a job with a veterinarian as a kennel man. This job seemed to satisfy the client and he has adjusted very well in his placement.

14. S.W. was transferred to the Division in November of 1947. After several interviews it was decided that they would buy the man a limb. They did not feel that the man was intelligent enough to study any new trade, but they would help him find a job. He was employed as a time study man and has been making out very well in this job.

15. J.M. was transferred to the Division in December of 1946. They purchased him a limb but did not feel that he could return to work as a porter because of his advanced years and physical condition. It was felt a more sheltered employment would be more appropriate. He was taken on at Morgan Memorial and is doing very well there.

16. C.J. was transferred to the Division in December of 1946. The patient wanted radio training, but it was felt that there was too much competition in this field. He also had the handicap of a language difficulty and his age. The client was advised to choose some other type of training and he accepted on-the-job training for shoe repair work. They did not do any vocational testing as they did not feel it necessary. The client has now completed his training but has not been placed in a job yet. He was considered a very cooperative client.

17. B.M. was transferred to the Division of Vocational Rehabilitation in May of 1947. They found that he had completed the nineth grade in school but no tests were given. It was decided that he should be trained as a bicycle repairman. He completed the training but at the time there was no job available for him. The Division did get him a job as a general helper in a leather shop where he is still employed.

18. V.R. was referred in March of 1947. He was seen twice but due to an infection in the stump of his left leg was sent back to the hospital. In the mean time the patient's wife found a job as a janitor for her husband and he never returned to rehabilitation.

19. M.J. was transferred to the Division in December of 1947. They found that he had completed the nineth grade in school and did not feel that he needed any training. An end result cannot be given at this time as the case is still open. He is being given assistance in finding a job placement.

20. T.H. was transferred to the Division in December of 1947. He had completed the eighth grade in school and no tests were given. The man did not want any training so help is being given in securing him a job commensurate with his physical limitations. The end results cannot be given at this time.

EDUCATION: The educational background of the twenty clients who were referred to the Division of Vocational Rehabilitation for vocational assistance is varied. For the most part, the educational experience has been limited. It was limited for various reasons. To begin with, the majority of the people in the study come from the low income groups, and because of this were often compelled to leave school to go to work in order to help support the family. Others left school when they reached the age of sixteen because they were no longer interested in pursuing an education. Still others were unable to go as far as they would like to have gone in school because of long periods of illness. The following table shows a general picture of the education of the twenty cases.

TABLE IV

EDUCATIONAL BACKGROUND

Schooling	Number
High school graduates	3
3 years of high school	1
2 years of high school	3
1 year of high school	1
Grade school	10
Unknown	2
Total	20

The above table shows that only three of the twenty people were high school graduates and only five more had gone to high school at all. Ten ceased their education in various years of grade school. The educational background was not known in two of the cases. From this information it can be seen that this group of clients was limited in their educational pursuits. They were not of the group of people who have had the opportunity to choose professions that would leave them financially independent to a certain degree. Their educational limitations could have been guessed in reference to their work experience given in the preceding chapter.

TRAINING: Three of the twenty clients were given training. B.M., the eighteen year old deaf boy, was given an on-the-job training course in bicycle repair work. It was felt that his lack of hearing would not interfere in this type of work. The boy completed the training, but at the time there weren't any job opportunities in this field. This does not mean that his time has been wasted as he now has the benefit of a basic training which he didn't have before. C.C. spent a considerable time learning shoe repair work. It will be remembered that this man wanted radio work when he was first interviewed, but he made out very well in shoe repair work and seems very satisfied with the work for which he was trained. The third man was given vocational testing before he was placed in linotype training. He has been very

cooperative and is doing well in his training. This shows only three types of training that the division can arrange, but it does show the variety that can be afforded to the client if he possesses the vocational aptitude and the desire to learn.

The Division of Vocational Rehabilitation does not only afford training facilities for the people, but also has many contacts for work opportunities for its clients. Many job openings are listed with them and several of the placement bureaus are used. The people who do not need training are placed by them as well as those who have been trained under their supervision.

As the case studies show, not all of the twenty people were helped by the Division of Vocational Rehabilitation. The reasons for this are varied. Several of these people showed no interest in being helped, and still others found jobs on their own, making it unnecessary for assistance. The following table shows the number of those accepted as cases by the division.

TABLE V

STATUS OF CLIENT FOLLOWING REFERRAL

Status	Number	Percentage
Accepted	9	45
Not accepted	11	55
Total	20	100

The above table shows that eleven or fifty five percent of the people referred by the Boston City Hospital to the Division of Vocational Rehabilitation were not helped. Of this group four or approximately thirty six percent were rejected by them because of the physical condition of the person referred. The remainder were themselves responsible for not being helped. The following table shows the various reasons.

TABLE VI

REASONS FOR NOT BEING HELPED

Reason	Number
Physical condition	4
Lack of interest on clients' part	3
Found own job	2
Outside of agency's jurisdiction	1
Personal reason	1
Total	11

The above table shows that three of the people referred showed no interest and therefore could not be helped. Only one of the three was working at the time however. The other two showed no interest even though they were unemployed and had no prospects of any jobs. Two of the people found their own jobs while waiting for rehabilitation and made it unnecessary to continue any further with the Division's help.

There was only one person that the Division felt was beyond its jurisdiction, and arrangements were made for this man to be taken care of by the Veterans' Administration.

The nine people that were taken on by the Division of Vocational Rehabilitation are in various stages of rehabilitation. They are either employed or waiting for the type of employment which will prove suitable to their physical limitations and to their liking. The following table shows the stages of rehabilitation that the nine people are in.

TABLE VII

STAGE OF REHABILITATION

Stage	Number
Training	1
Trained and placed	1
Trained and awaiting placement	1
Job placement	3
Awaiting job placement	2
Diagnostic stage	1
Total	9

The above table shows that of the three that were supplied with training, one is still in training, one finished training and was placed in a job, and the third has not been placed in a job up to this point. Two of the men had a limb purchased for them and were placed in jobs that they are

holding satisfactorily. One case is still in the diagnostic stage because the client has not been very cooperative in keeping appointments made for vocational testing. Another man was placed in a job with a veterinarian and the remaining two men have not been placed as yet.

In conclusion, we see, in this chapter, what has happened to the twenty people referred from the Boston City Hospital to the Division of Vocational Rehabilitation. We find that eleven of the people were not given help for various reasons. The remaining nine have either been trained, placed in a job, or are awaiting placement.

CHAPTER VII

CONCLUSIONS AND SUGGESTIONS

CONCLUSIONS: When the Division of Vocational Rehabilitation was organized by an act of the legislature in 1921, its purpose was to promote vocational rehabilitation of persons disabled in industry and otherwise, and to facilitate their return to civil employment. This was amended in 1943 to include physical restoration, but the aim continues to be the same. It has been able to expand in services to its clients because of the funds appropriated by the legislature and the federal government.

Throughout the preceding pages, this study has tried to show what has happened to the twenty cases that were referred from the Boston City Hospital, for vocational rehabilitation to the Division of Vocational Rehabilitation. All of these individuals were handicapped because of a physical illness. Among these, fifteen people had been handicapped by some sort of disease, the most prominent illness being various heart ailments. The remaining five had undergone surgery and needed a limb, physical restoration, as well as vocational guidance and assistance in job placement. In short, all twenty of the people were referred because they could no longer continue in their old pattern of life and needed help in starting a new one. The agency is equipped to help these people if they meet the qualifications, set down by law, and

if the person wants the help.

As was seen, these people presented many problems, the largest of which was their physical limitations. Of these people four were rejected by the agency because of their physical condition. It was felt that they had not reached an end result medically. The agency was not responsible for not rehabilitating the other seven people. For various reasons the agency could not work with these people. The education and irregular work histories of the clients did not make it any easier. This in itself, makes it more difficult to place them in positions that will not be too strenuous for them. The remaining nine were accepted for rehabilitation and are in various stages at the present time. Four of these men have been placed in jobs and the cases have been closed. One of the three trainees is still in training and one is awaiting placement after the completion of his training. There are only two who have neither been trained nor placed as yet. The only case that is in the diagnostic stage could probably have been much further along if he showed more interest in keeping appointments.

In short fifty five percent of the cases were not taken by the Division of Vocational Rehabilitation, but only thirty six percent of the fifty five percent were actually rejected by them. The remaining sixty four percent did not need or want their services. They rehabilitated or are in the process

of rehabilitating forty-five percent of the twenty cases.

SUGGESTIONS: The findings and discussion in this thesis substantiate certain conclusions at which the author has arrived. These are in the form of suggestions intended to improve somewhat the referrals made by the Boston City Hospital and the work being done by the Division of Vocational Rehabilitation.

1. As all the people that are referred from the hospital are physically limited, it would seem that their physical condition should be discussed with the doctor carefully. This would eliminate the need for the Division of Vocational Rehabilitation turning down applicants because they had not reached a physical end. It would also eliminate false hope on the part of the client.

2. Whereas casework services accompany the referral at the hospital, it might be suggested that the caseworker explain the division more completely and really know if the patient wants to be referred. This would save the necessity of referring patients who are not really interested and give the people who are interested more of a chance to receive the service of the Division of Vocational Rehabilitation.

Approved,

Richard K. Conant

Richard K. Conant
Dean

APPENDIX

BOSTON CITY HOSPITAL
SOCIAL SERVICE DEPARTMENT

Dec. 9, 1948

Dear Sir:

I am a social worker at Boston City Hospital and am making a study of patients sent, from 1946 to 1947, to the Division of Vocational Rehabilitation from the hospital. We hope through this study, to learn when and how it will be most helpful to refer patients in the future.

In order for the Division of Vocational Rehabilitation to give this information to us, we must have your written permission. This material will be used for collective figures and will in no way, be identified with you as an individual.

I am enclosing a self addressed postal for your signature which I hope you will return as soon as possible. If you have any questions to ask about this I would be glad to answer them.

We greatly appreciate your cooperation in this study.

Sincerely yours,

Norma Leturmy
Social Worker

QUESTIONNAIRE

POSSIBILITY OF REHABILITATING THE PATIENT IN REFERRAL TO:

I. Type of illness:
   1. To what extent was the patient handicapped in reference to his rehabilitation?
   2. If the client could not be helped, was it due only to his illness? If the answer is yes what was the reason?

II. Age:
   1. Did the age of the client hinder his rehabilitation?

III. Mental Ability:
   1. How much formal education did the client have?
   2. Was the client given any tests as to ability? If so:
      (a) What tests were given?
      (b) What scores did the client receive on the tests?
      (c) What vocational ability did these tests show?
   3. Was the client given training? If so what type?
   4. How did the client make out in what ever type of work in which he was placed?

IV. Did the social background of the client have any effect on the type of training or job selection?

V. Was the client cooperative in keeping appointments, staying in training, and keeping position?

VI. If the client was not helped for any of the above reasons, what was the reason?

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